

**LIST AVAILABLE**

<b>CLAIMS ONLY</b>							SERIAL NO.		FILING DATE					
							APPLICANT(S)							
							<b>CLAIMS</b>							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	/						51	XXXXXX						
2		/					52							
3		/					53							
4		/					54							
5		/					55							
6		/					56							
7		/					57							
8		/					58							
9		/					59							
10		/					60							
11		/					61							
12		/					62							
13		/					63							
14		/					64							
15		/					65							
16		/					66							
17		/					67							
18		/					68							
19		/					69							
20		/					70							
21		/					71							
22		/					72							
23		/					73							
24		/					74							
25	/						75							
26	/						76							
27	/						77							
28	/						78							
29	/						79							
30	/						80							
31	/						81							
32	XXXXXX						82							
33	/						83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97	XXXXXX						
48							98							
49							99							
50	XXXXXX						100							
<b>TOTAL IND.</b>							<b>TOTAL IND.</b>	<b>2</b>						
<b>TOTAL DEP.</b>							<b>TOTAL DEP.</b>	<b>29</b>						
<b>TOTAL CLAIMS</b>							<b>TOTAL CLAIMS</b>	<b>31</b>						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS